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Supp.6 Outputs and Subsystem Reports

This section includes all reports, forms, and correspondence produced by the MMIS EDI Subsystem. The section begins with an index of all subsystem outputs and reports. Section Supp.6.2 contains a specification sheet for each report, a sample copy of the report, and detailed specifications for each field on the report.

This section is organized as follows:

<u>Section</u>	<u>Title</u>
Supp.6.1	Output and Report Index
Supp.6.2	Output and Report Descriptions

Document Archival and Retrieval System and First DARS On-Demand Web Site

Unless otherwise specified, all reports produced by this subsystem are stored in the Document Archive and Retrieval System (DARS). The IBM On-Demand software produces and archives electronic copies of all MMIS reports in Graphics Interchange Format (.gif) files. System users will have access to the reports and many other documents produced or archived by the On-Demand system via the FirstDARS Web browser tool. The report and other documents can be retrieved using the PC's browser. When retrieved, the reports can be viewed, saved, or printed from the workstation or routed to a volume printer.

Supp.6.1 Output and Report Index

The list below indexes EDI Subsystem outputs in ascending alphanumeric order by output number. Detailed specifications for each output or report are included in Section Supp.6.2.

Output No.	Output Name
ED-O-001	VaMMIS Inbound Transactions Host Acknowledgement Report
ED-O-002	Consolidated MCN Status Report
ED-O-003	Outbound File Report
ED-O-004	VaMMIS Business Log for the 271
ED-O-005	VaMMIS Business Log for the 277
ED-O-007	VaMMIS Business Log for the 820
ED-O-008	VaMMIS Business Log for the 834
ED-O-009	VaMMIS Business Log--835
ED-O-010	VaMMIS Business Log--835 (Summary) Remit
ED-O-011	VaMMIS 835 Non-Compliant Transactions Report
ED-O-012	VaMMIS Business Log for the 270

Supp.6.2 Output and Report Descriptions

Details of each MMIS output presented in this section include a description, a sample, and field definitions. The outputs appear in alphanumeric order by output number.

This section contains the following information:

Specification	Description
Description Pages	
Frequency	Output/report scheduled production run (daily, weekly, monthly, annually, semi-annually, or on request)
Volume	Estimated number of pages contained in a normal run of the report/output
Output Form	Media on which the output/report will be available. Note: All MMIS outputs/reports are cataloged in FirstDARS and are available online.
Retention	Retention period during which the output/report must be retained. Note: FirstDARS provides complete archival facilities for all outputs/reports. All outputs/reports are archived for 7 years.
Distribution	Listing of primary recipient(s) of the report
Programs	MMIS program that produces the report
Confidential	If the report contains highly confidential information, this specification will be marked "Yes." Note: Access to all reports and outputs is controlled via FirstDARS. Confidential outputs/reports are available only to a specified group of users.
Sequence	Sequence or order in which data are presented in the output/report
Control Breaks	Notes any specific control breaks in the data produced
Field Definition Pages	
Field No.	Field number as marked on the report layout
Field Name	Field name mentioned on the report layout
Data Element Name	MMIS data element name corresponding to the field on the report
MMIS DE No.	MMIS data element number corresponding to the field on the report
Source/ Calculations	The condition or the logic on the basis of which the value of the field is derived or computed. For fields where the field value is obtained from the table/file without any calculation or manipulation, this column is blank.

DESCRIPTION**VaMMIS Inbound Transactions Host Acknowledgement Report (ED-O-001)**

This report shows all the incoming files for a particular day (see Run Date) sorted in Media Control Number (MCN) order. The EDI DOC column indicates the types of EDI transactions received. Currently, Virginia Medicaid receives only claim type transactions, 837D Dental, 837I Institutional, 837P Professional, and NCPDP Pharmacy.

The Sent to Host column indicates the number of AWRs (VaMMIS claims format) created by the translator and sent to VaMMIS for nightly processing. At the end of the report, totaled AWRs are shown in the Totals field. This report is used as a daily log of received files, and to reconcile claims processed by VaMMIS. (See "updated" Version).

(Updated) VaMMIS Inbound Transactions Host Acknowledgement Report

This report shows the number of AWRs (claims) received by VaMMIS (see Received from Host column) and processed the previous night. At the end of the report, totaled AWRs are shown in the Totals field. This report is used to reconcile the number of AWRs (claims) received and processed by VaMMIS for the day.

FREQUENCY	N/A
VOLUME	N/A
OUTPUT FORM	N/A
RETENTION	N/A
DISTRIBUTION	N/A
PROGRAMS	N/A
CONFIDENTIAL	No
SEQUENCE	N/A
CONTROL BREAKS	N/A

VaMMIS Inbound Transactions Host Acknowledgement Report (ED-O-001)

MCN	Service	NAME	EDI	RUN	RUN	Sent to	Received from
	Center		DOC	ID	DATE	Host	Host
43210101	1401	Benchmark System	837 P	736901	11/17/04	23	
43210102	1544	CPSI	837 P	736901	11/17/04	23	
43210103	1544	CPSI	837 P	736901	11/17/04	19	
43210104	1544	CPSI	837 P	736901	11/17/04	22	
43210105	1544	CPSI	837 P	736901	11/17/04	8	
43210106	1553	Sentara Healthcare	837 P	736901	11/17/04	15	
43210107	1553	Sentara Healthcare	837 P	736901	11/17/04	4	
43210108	1553	Sentara Healthcare	837 P	736901	11/17/04	55	
43210109	1544	CPSI	837 I	736901	11/17/04	7	
43210110	1553	Sentara Healthcare	837 P	736901	11/17/04	29	
43210111	1544	CPSI	837 P	736901	11/17/04	1	
43210112	1553	Sentara Healthcare	837 P	736901	11/17/04	112	
43210113	1553	Sentara Healthcare	837 P	736901	11/17/04	35	

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FIELD DEFINITIONS**VaMMIS Inbound Transactions Host Acknowledgement
Report (ED-O-001)**

Field No.	Field Name	Data Element Name	MMIS DE No.	Source/ Calculations
1	MCN		Calculated	Media Control Number- a sequential number assigned to a file when it is first received from a service center
2	SERVICE CENTER		Calculated	Service Center ID assigned by Virginia Medicaid
3	NAME		Calculated	Name of Service Center
4	EDI DOC		Calculated	Type of transaction received - 837D dental, 837I institutional, 837P professional.
5	RUN ID		Calculated	Run identification number assigned by Gateway processing
6	RUN DATE		Calculated	Date of Run
7	SENT TO HOST		Calculated	Number of claims created in AWR (VaMMIS) claim format from 837 transactions
8	RECEIVED FROM HOST		Calculated	Number of claims actually processed by VaMMIS. This information is obtained the following business day from VaMMIS reports, and is added to this report- see updated version.

DESCRIPTION**Consolidated MCN Status Report (ED-O-002)**

The Consolidated MCN Status Report is generated to show, by Media Control Number (MCN), the status of the EDI files received (STATUS), the type of file received (TRANS), the submitting service center (USER), production status (PROD), original file name (ORIGNAME), and date and time when received (Proc Date and INTIME, respectively).

FREQUENCY	N/A
VOLUME	N/A
OUTPUT FORM	N/A
RETENTION	N/A
DISTRIBUTION	N/A
PROGRAMS	N/A
CONFIDENTIAL	No
SEQUENCE	N/A
CONTROL BREAKS	N/A

SAMPLE**Consolidated MCN Status Report (ED-O-002)****CONSOLIDATED MCN STATUS REPORT**

MCN	STATUS	CLAIMS	TRANS	USER	STATE	PROD	ORIGNAME	Proc Date	INTIME
43210101	OK	23	837P	1401	Virginia	TRUE	nsfvawa837_13461	11/17/04	10:33:03
43210102	OK	23	837P	1544	Virginia	TRUE	XPVA501156BX	11/17/04	10:40:27
43210103	OK	19	837P	1544	Virginia	TRUE	XUVA501155BX	11/17/04	10:44:02
43210104	OK	22	837P	1544	Virginia	TRUE	XVVA501156BX	11/17/04	10:45:05
43210105	OK	8	837P	1544	Virginia	TRUE	XZVA501155BX	11/17/04	10:48:04
43210106	OK	15	837P	1553	Virginia	TRUE	MCDBS392.ECS	11/17/04	10:49:04
43210107	OK	4	837P	1553	Virginia	TRUE	MCDHG503.ECS	11/17/04	11:06:23
43210108	OK	55	837P	1553	Virginia	TRUE	MCDLH590.ECS	11/17/04	11:10:13
43210109	OK	7	837I	1544	Virginia	TRUE	XZYA501234BX	11/17/04	11:15:23
43210110	OK	29	837P	1553	Virginia	TRUE	MCDNG253.ECS	11/17/04	12:34:23
43210111	OK	1	837P	1544	Virginia	TRUE	XZZA503458BX	11/17/04	12:45:41
43210112	OK	112	837P	1553	Virginia	TRUE	MCDVB265.ECS	11/17/04	12:55:34
43210113	OK	35	837P	1553	Virginia	TRUE	MCDWH503.ECS	11/17/04	13:23:45
43210114	OK	5	837P	1553	Virginia	TRUE	MCDZX590.ECS	11/17/04	14:23:56
43210115	OK	67	837P	1553	Virginia	TRUE	MCDYV392.ECS	11/17/04	15:33:34
.....
.....
.....
TOTALS		200,124							

FIELD DEFINITIONS		Consolidated MCN Status Report (ED-O-002)		
Field No.	Field Name	Data Element Name	MMIS DE No.	Source/ Calculations
1	MCN		Calculated	Media Control Number -a sequential number assigned to a file when it is first received from a service center
2	STATUS		Calculated	Final Processing status of incoming file - see more detailed description following sample report
3	CLAIMS		Calculated	Number of claims created in AWR (VaMMIS) claim format from 837 transactions
4	TRANS		Calculated	Type of transaction received - 837D dental, 837I institutional, 837P professional.
5	USER		Calculated	Service Center ID assigned by Virginia Medicaid
6	STATE		Calculated	Name of state for which First Health Services accepts EDI transactions
7	PROD		Calculated	TRUE or FALSE-condition indicating status of successful or unsuccessful processing, respectively
8	ORIGNAME		Calculated	Original file name of transaction file received from service center
9	PROC DATE		Calculated	Date the input file was received from a service center
10	INTIME		Calculated	Time of Day the

FIELD DEFINITIONS**Consolidated MCN Status Report (ED-O-002)**

Field No.	Field Name	Data Element Name	MMIS DE No.	Source/ Calculations
11	TOTALS		Calculated	input file was received from a service center Total Number of claims actually processed by VaMMIS.

DESCRIPTION**Outbound File Report (ED-O-003)**

The Outbound Files Report is a daily log of the out-bound EDI files created by First Health Services EDI processing system. The report is a summary report and contains all the different out-bound files by transaction type (EDI Doc), and date and time of day the files were created.

FREQUENCY	N/A
VOLUME	N/A
OUTPUT FORM	N/A
RETENTION	N/A
DISTRIBUTION	N/A
PROGRAMS	N/A
CONFIDENTIAL	No
SEQUENCE	N/A
CONTROL BREAKS	N/A

SAMPLE**Outbound File Report (ED-O-003)****Outbound Files**

EDI Doc	Trading Partner	Ack Exp	Run ID	Run Date	Received /	Sent/	Amount
820 1002	Southern Health/Carenet	0	658201	11/13/04 11:39:58 PM	1	1	\$73,112.92
820 1006	Anthem Priority	0	658201	11/13/04 11:39:58 PM	1	1	\$92.04
Run Id Subtotal					2	2	\$73,204.96
835 1101	Professional Mgmt Group of VA	0	658701	11/13/04 11:53:11 PM	134	134	\$55,956.45
835 1102	Pharmerica	0	658701	11/13/04 11:53:18 PM	7	7	\$300,312.62
835 1115	Techsoft, Inc.	0	658701	11/13/04 11:53:18 PM	4	4	\$1,853.11
835 1119	Rite Aid	0	658701	11/13/04 11:53:33 PM	190	190	\$798,659.39
Run Id Subtotal					3515	3515	\$18,328,126.14
277 1573	Sentara Nursing Center	0	658901	11/14/04 12:06:12 AM	1	1	\$0.0
277 1583	Health Data Services	0	658901	11/14/04 12:06:12 AM	1	1	\$0.00
277 1590	The SSI Group, Inc	0	658901	11/14/04 12:06:12 AM	1	1	\$0.00
277 1598	Claim Logic	0	658901	11/14/04 12:06:13 AM	1	1	\$0.00
Run Id Subtotal					45	45	\$0.00
Grand Total					3562	3562	\$18,401,331.10

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FIELD DEFINITIONS		Outbound File Report (ED-O-003)		
Field No.	Field Name	Data Element Name	MMIS DE No.	Source/ Calculations
1	EDI DOC		Calculated	Type of transaction received- 837D dental, 837I institutional, 837P professional.
2	TRADING PARTNER		Calculated	Service Center ID assigned by Virginia Medicaid name of the service center
3	ACK EXP		Calculated	Acknowledgement Expectation - If value = 0 (zero) FHSC does not expect 997s to be returned from receiving service center. If value = 1 (one) FHSC does expect 997s to be returned from receiving service center. This value is part of the outbound transactions. No FHSC generated HIPAA transactions contain value 1.
4	RUN ID		Calculated	Run Identification number assigned by the Gateway processing
5	RUN DATE		Calculated	Date of Run
6	RECEIVED		Calculated	Number of transactions Gateway received from VaMMIS.
7	SENT		Calculated	Number of transactions Gateway processed and placed in the outbound EDI folder for a particular service

FIELD DEFINITIONS**Outbound File Report (ED-O-003)**

Field No.	Field Name	Data Element Name	MMIS DE No.	Source/ Calculations
8	AMOUNT		Calculated	center Dollar amount accumulated from the detail VaMMIS transactions, e.g., 820 transaction total is the capitation payment amount for a particular MCO.
9	RUN ID SUBTOTAL		Calculated	Total Number of Received, Sent and Amount (see above), transactions and dollar value for a run.
10	GRAND TOTAL		Calculated	Grand Total of Received, Sent and Amount (see above) transactions and dollar value for the daily runs.

DESCRIPTION**VaMMIS Business Log for the 271 (ED-O-004)**

The VaMMIS Business Log for the 271 Report is a log of the outbound 271 Eligibility Response transactions. It is available when the transactions are created and made available for the submitters to retrieve. It reports the detail 271 transaction information by trading partner. The reports are now further sorted by Provider ID.

FREQUENCY	N/A
VOLUME	N/A
OUTPUT FORM	N/A
RETENTION	N/A
DISTRIBUTION	N/A
PROGRAMS	EDD100
CONFIDENTIAL	No
SEQUENCE	N/A
CONTROL BREAKS	N/A

SAMPLE**VaMMIS Business Log for the 271 (ED-O-004)*****VaMMIS Business Log for the 271***

<i>EDI</i>	<i>Trading</i>	<i>Ack Run</i>	<i>Run Date</i>	<i>Elig. Ref ID</i>	<i>Srv & Ins</i>	<i>Plan</i>	<i>Patient</i>
<i>Doc</i>	<i>Partner</i>	<i>Exp ID</i>	<i>and Time</i>	<i>Info. No.</i>	<i>Type Code</i>	<i>Cvrg</i>	
<i>Pay</i>							

Desc

271	1573	Sentara Nursing Center	0	658901	12/14/04 12:06:12 AM	1	123456789	42	MC	BC/BS	\$0.00
271	1583	Health Data Services	0	658901	12/14/04 12:06:12 AM	6	234567891	42	MC	Aetna	\$0.00
271	1590	The SSI Group, Inc	0	658901	12/14/04 12:06:12 AM	1	345678912	42	MC	BC/BS	\$0.00
271	1598	Claim Logic	0	658901	12/14/04 12:06:13 AM	1	456789123	42	MC	Aetna	\$0.00

Run Id Subtotal = 4

Grand Total = 4

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FIELD DEFINITIONS		VaMMIS Business Log for the 271 (ED-O-004)		
Field No.	Field Name	Data Element Name	MMIS DE No.	Source/ Calculations
1	EDI DOC		Calculated	Type of transaction created 271.
2	TRADING PARTNER		Calculated	Service Center ID assigned by Virginia Medicaid name of the service center
3	ACK EXP		Calculated	Acknowledgement Expectation : If value = 0 (zero) FHSC does not expect 997s to be returned from receiving service center. If value = 1 (one) FHSC does expect 997s to be returned from receiving service center. This value is part of the outbound transactions. No FHSC generated HIPAA transactions contain value 1.
4	RUN ID		Calculated	Run Identification number assigned by the Gateway processing
5	RUN DATE AND TIME		Calculated	Date and Time of Run
6	ELIG. INFO		Calculated	Eligibility or Benefit Information: " 1 " active or " 6 " inactive.
7	REF ID NO		Calculated	Verification Number
8	SRV & INS TYPE CODE		Calculated	TPL Coverage Code (ex.: 44 Home Health visits) and TPL Insurance Code (OT other).

FIELD DEFINITIONS**VaMMIS Business Log for the 271 (ED-O-004)**

Field No.	Field Name	Data Element Name	MMIS DE No.	Source/ Calculations
9	PLAN CVRG DESC		Calculated	TPI Carrier Name (eg. BC/BS)
10	PATIENT PAY		Calculated	TPL Co-Pay Amount
11	RUN ID SUBTOTAL		Calculated	Total number of 271 transactions created, by Run Id.
12	GRAND TOTAL		Calculated	Grand Total number of 271 transactions created, by Run Id.

DESCRIPTION**VaMMIS Business Log for the 277 (ED-O-005)**

The VaMMIS Business Log for the 277 Report is a log of the outbound 277 Claim Status Response transactions. It is available when the transactions are created and made available for the submitters to retrieve. It reports the detail 277 transaction information by servicing provider and trading partner.

FREQUENCY	Daily
VOLUME	N/A
OUTPUT FORM	N/A
RETENTION	N/A
DISTRIBUTION	N/A
PROGRAMS	EDD200
CONFIDENTIAL	No
SEQUENCE	N/A
CONTROL BREAKS	N/A

SAMPLE

VaMMIS Business Log for the 277 (ED-O-005)

VaMMIS Business Log for the 277

<i>EDI</i>	<i>Trading</i>	<i>Ack Run</i>	<i>Run Date</i>	<i>Claim</i>	<i>Enrollee</i>	<i>Servicing Prov.</i>	<i>Payment</i>
<i>Doc</i>	<i>Partner.</i>	<i>Exp ID</i>	<i>and Time</i>	<i>Status</i>	<i>ID No.</i>	<i>Name & ID</i>	
<i>Amt</i>							

Category

277 1573	Sentara Nursing Center	0	658901	12/17/04 12:06:12 AM	F1	123456789011	Dr. Jones	001234567
\$250.00								
277 1583	Health Data Services	0	658901	12/17/04 12:06:12 AM	F1	234567891012	Dr. Smith	002345678
\$139.00								
277 1590	The SSI Group, Inc	0	658901	12/17/04 12:06:12 AM	P2	345678912123	Clinical Services	005678912
\$0.00								
277 1598	Claim Logic	0	658901	12/17/04 12:06:13 AM	F2	456789123123	First Services, Inc	007891234
\$0.00								

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\$389.00				Run Id Subtotal =		4
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\$389.00				Grand Total =		4
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FIELD DEFINITIONS		VaMMIS Business Log for the 277 (ED-O-005)		
Field No.	Field Name	Data Element Name	MMIS DE No.	Source/ Calculations
1	EDI DOC		Calculated	Type of transaction created - 277
2	TRADING PARTNER		Calculated	Service Center ID assigned by Virginia Medicaid for the Trading Partner and the name of the Trading Partner
3	ACK EXP		Calculated	Acknowledgement Expectation – If value = 0 (zero) FHSC does not expect 997s to be returned from receiving service center. If value = 1 (one) FHSC does expect 997s to be returned from receiving service center. This value is part of the outbound transactions. No FHSC generated HIPAA transactions contain value 1.
4	RUN ID		Calculated	Run Identification number assigned by the Gateway processing
5	RUN DATE AND TIME		Calculated	Date and Time of Run
6	CLAIM STATUS CATEGORY		Calculated	Claim Status Category - indicating the status of the claim (F1 - paid, F2 - denied, P2 - pending).
7	ENROLLLEE ID NO.		Calculated	Enrollee's Medicaid Number.
8	SERVICING PROV. NAME & ID		Calculated	Name and Medicaid ID of servicing provider

FIELD DEFINITIONS**VaMMIS Business Log for the 277 (ED-O-005)**

Field No.	Field Name	Data Element Name	MMIS DE No.	Source/ Calculations
9	PAYMENT AMT.		Calculated	Amount paid by Virginia Medicaid on paid claims
10	RUN ID SUBTOTAL		Calculated	Total number of 277 transactions created and amount paid, by Run Id.
11	GRAND TOTAL		Calculated	Grand Total number of 277 transactions created and amount paid.

DESCRIPTION**VaMMIS Business Log for the 820 (ED-O-007)**

The VaMMIS Business Log for the 820 report is a log of the 820 Premium Payment transactions for MCOs. It is available when the transactions are created and made available for the MCOs to retrieve. It reports the detail 820 transaction information by provider and MCO.

FREQUENCY	N/A
VOLUME	N/A
OUTPUT FORM	N/A
RETENTION	N/A
DISTRIBUTION	N/A
PROGRAMS	EDM200
CONFIDENTIAL	No
SEQUENCE	N/A
CONTROL BREAKS	N/A

SAMPLE**VaMMIS Business Log for the 820 (ED-O-007)*****VaMMIS Business Log for the 820***

<i>RECVTRN</i>	<i>Provider</i>	<i>Advice No</i>	<i>EFT or Check</i>	<i># Recs</i>	<i>Remit DT</i>	<i>Amount</i>
1001	820	004700082	004215730	510014140006473	7382	11/12/04 917,809.51

1001	820	004700082	004197738	510014140062432	101602	11/12/04 25,718,488.74
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TP Total Records: 108984
\$26,636,298.25

Tot Amt:

1002	820	004700317	004215732	510014140006475	972	11/12/04 121,867.91
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1002	820	004700317	004197740	510014140062434	14857	11/12/04
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TP Total Records: 15829
\$3,774,207.56

Tot Amt:

1003	820	004700104	004215731	510014140006474	7521	11/12/04 936,769.87
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1003	820	004700104	004197739	510014140062433	80080	11/12/04 21,401,918.31
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TP Total Records: 87601
\$22,338,688.18

Tot Amt:

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1006	820	004700066	004215728	000014802	1977	11/12/04 246,598.31
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1006	820	004700066	004197736	000201640	23670	11/12/04 6,237,943.76
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TP Total Records: 25647
\$6,484,542.07

Tot Amt:

1007	820	004700074	004215729	000014803	1478	11/12/04 182,963.57
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1007	820	004700074	004197737	000201641	18229	11/12/04 4,499,348.21
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TP Total Records: 19707
\$4,682,311.78

Tot Amt:***Run Id Total Records:*** 350950***Total Amt:***

\$83,998,081.39

FIELD DEFINITIONS		VaMMIS Business Log for the 820 (ED-O-007)		
Field No.	Field Name	Data Element Name	MMIS DE No.	Source/ Calculations
1	RUNID		Calculated	Run Identification number assigned by the Gateway processing.
2	RECV		Calculated	Service Center ID assigned by Virginia Medicaid name of the service center
3	TRN		Calculated	Type of transaction created - 820 Premium Payment.
4	PROVIDER		Calculated	MCO's Provider ID assigned by Virginia Medicaid
5	ADVICE NO		Calculated	Date of Run
6	EFT OR CHECK		Calculated	EFT (Electronic Funds Transfer) number or Check Number.
7	# RECS		Calculated	Number of transactions Gateway processed and placed in the outbound EDI folder for a particular service center.
8	REMIT DT		Calculated	Remittance Date.
9	AMOUNT		Calculated	Dollar amount accumulated from the detail VaMMIS transactions, e.g., 820 transaction total is the capitation payment amount for a particular MCO.
10	TP TOTAL RECORDS		Calculated	Trading Partner (service center) Total Number of transactions for the run.

FIELD DEFINITIONS**VaMMIS Business Log for the 820 (ED-O-007)**

Field No.	Field Name	Data Element Name	MMIS DE No.	Source/ Calculations
11	TOT AMOUNT		Calculated	Trading Partner (service center) Total Amount for the run.
12	RUN ID TOTAL RECORDS		Calculated	Total of transactions created for the Run ID.
13	(RUN ID) TOTAL AMT		Calculated	Total of Amount accumulated for the Run ID.
14	(GRAND)TOTAL RECORDS		Calculated	Total of transactions accumulated for the report.
15	(GRAND) TOTAL AMT		Calculated	Total of Amounts accumulated for the report.

DESCRIPTION**VaMMIS Business Log for the 834 (ED-O-008)**

The VaMMIS Business Log for the 834 is the MCO Roster report. This report is produced the when the 834 Enrollment/Disenrollment Roster transactions are created for the MCOs

FREQUENCY	N/A
VOLUME	N/A
OUTPUT FORM	N/A
RETENTION	N/A
DISTRIBUTION	N/A
PROGRAMS	EDM300
CONFIDENTIAL	No
SEQUENCE	N/A
CONTROL BREAKS	N/A

SAMPLE**VaMMIS Business Log for the 834 (ED-O-008)*****VaMMIS Business Log for the 834***

<i>RUNID</i>	<i>RECEIVER</i>	<i>Provider</i>	<i>Records</i>	<i>FILE</i>
195301	1001	004700082	10000	11/1/04
195301	1001	004700082	10000	11/1/04
195301	1001	004700082	10000	11/1/04
.....				
<i>Total Records for the Receiver</i>		1001	119517	
195301	1002	004700317	868	11/1/04
195301	1002	004700317	5697	11/1/04
.....				
<i>Total Records for the Receiver</i>		1002	17280	
195301	1003	004700104	10000	11/1/04
195301	1003	004700104	6219	11/1/04
195301	1003	004700104	5201	11/1/04
.....				
<i>Total Records for the Receiver</i>		1003	98229	
195301	1004	004700325	7917	11/1/04
195301	1004	004700325	2109	11/1/04
195301	1004	004700325	1692	11/1/04
<i>Total Records for the Receiver</i>		1004	387925	
<i>Total Records for the Run ID</i>			1195301	
<i>Grand Total</i>			2239708	

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FIELD DEFINITIONS		VaMMIS Business Log for the 834 (ED-O-008)		
Field No.	Field Name	Data Element Name	MMIS DE No.	Source/ Calculations
1	RUN ID		Calculated	Run Identification number assigned by the Gateway processing.
2	RECEIVER		Calculated	Service Center ID assigned by Virginia Medicaid name of the service center.
3	PROVIDER		Calculated	MCO's Provider ID assigned by Virginia Medicaid.
4	RECORDS		Calculated	Number of detail transactions Gateway processed and placed in the outbound EDI folder for a particular service center.
5	FILE		Calculated	Date file was created.
6	TOTAL RECORDS FOR THE RECEIVER		Calculated	Number of transactions Gateway processed and placed in the outbound EDI folder for a particular service center.
7	TOTAL RECORDS FOR THE RUN ID		Calculated	Number of transactions Gateway processed and placed in the outbound EDI folder for a particular service center for the Run ID.
8	GRAND TOTAL		Calculated	Number of transactions Gateway processed and placed in the outbound EDI

FIELD DEFINITIONS		VaMMIS Business Log for the 834 (ED-O-008)		
Field No.	Field Name	Data Element Name	MMIS DE No.	Source/ Calculations
				folder for a particular service center for the report.

DESCRIPTION**VaMMIS Business Log--835 (ED-O-009)**

The VaMMIS Business Log - 835 report is generated when the electronic Remittance Advice 835 transactions are created. This report is a detail report, and it shows every 835 transaction for the period.

FREQUENCY	N/A
VOLUME	N/A
OUTPUT FORM	N/A
RETENTION	N/A
DISTRIBUTION	N/A
PROGRAMS	EDW200
CONFIDENTIAL	No
SEQUENCE	N/A
CONTROL BREAKS	N/A

SAMPLE

VaMMIS Business Log--835 (ED-O-009)

VaMMIS Business Log - 835

JOB	TP	TRN	Provider	Advice #	EFT or Checks	# Claims	Remit DATE	AMT
658701	1101	835	004911113	004218381	000212340	21	11/19/04	\$875.64
Totals for Provider			004911113			# Claims 21	AMT	\$875.64
658701	1101	835	005709709	004220452	000213606	5	11/19/04	\$538.12
Totals for Provider			005709709			# Claims 5	AMT	\$538.12
658701	1101	835	005709717	004220453	000213607	3	11/19/04	\$176.00
Totals for Provider			005709717			# Claims 3	AMT	\$176.00
658701	1101	835	005709725	004220454	000213608	7	11/19/04	\$445.06
Totals for Provider			005709725			# Claims 7	AMT	\$445.06

.....

.....

.....

Totals for TP :	1101	RA: 538	# Claims 4834	AMT \$157,312.85
Totals for JOB :	658701	RA: 3517	# Claims 194141	AMT 18,328,126.14

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FIELD DEFINITIONS		VaMMIS Business Log--835 (ED-O-009)		
Field No.	Field Name	Data Element Name	MMIS DE No.	Source/ Calculations
1	JOB		Calculated	Run Identification number assigned by the Gateway processing.
2	TP		Calculated	Service Center ID assigned by Virginia Medicaid name of the service center.
3	TRN		Calculated	Type of transaction created -835 Remittance Advice.
4	PROVIDER		Calculated	Provider ID
5	ADVICE #		Calculated	Remittance Advice Number.
6	EFT OR CHECKS		Calculated	EFT (Electronic Funds Transfer) number or check number
7	# CLAIMS		Calculated	Number of claims processed by VaMMIS for the provider for this payment cycle.
8	REMIT DATE		Calculated	Date of Remittance Advice
9	AMT		Calculated	Payment Amount on the Remittance Advice, accumulated from the individual claims processed for the provider
10	TOTALS FOR PROVIDER		Calculated	ID -provider ID; # Claims - Number of claims processed by VaMMIS for the provider for this payment cycle; AMT - Payment Amount on the Remittance Advice,

FIELD DEFINITIONS**VaMMIS Business Log--835 (ED-O-009)**

Field No.	Field Name	Data Element Name	MMIS DE No.	Source/ Calculations
11	TOTALS FOR TP		Calculated	<p>accumulated from the individual claims processed for the provider</p> <p>TP -service center ID; RA - number of Remittance Advices generated for the TP;</p> <p># Claims - Number of claims processed by VaMMIS for the provider for this payment cycle; AMT - Payment Amount on the Remittance Advice, accumulated from the individual claims processed for service center.</p>
12	TOTALS FOR JOB		Calculated	<p>JOB - job number ID; RA- number of Remittance Advices generated for the job;</p> <p># Claims - Number of claims processed by VaMMIS for the job; AMT -Total Payment Amount on the Remittance Advices for the job</p>

DESCRIPTION**VaMMIS Business Log--835 (Summary) Remit (ED-O-010)**

The VaMMIS Business Log - 835 (SUMMARY) Remit report is generated at the same time the electronic Remittance Advice 835 transactions are created. This report is a summary report by service center.

FREQUENCY	N/A
VOLUME	N/A
OUTPUT FORM	N/A
RETENTION	N/A
DISTRIBUTION	N/A
PROGRAMS	EDW200
CONFIDENTIAL	No
SEQUENCE	N/A
CONTROL BREAKS	N/A

SAMPLE

VaMMIS Business Log--835 (Summary) Remit (ED-O-010)

VAMMIS Business Log - 835 (SUMMARY) Remit 11/19/04

Totals for TP :	1101	RA:	134	# Claims	1542	AMT	\$55,956.45
Totals for TP :	1102	RA:	7	# Claims	7486	AMT	\$300,312.62
Totals for TP :	1115	RA:	4	# Claims	29	AMT	\$1,853.11
Totals for TP :	1119	RA:	190	# Claims	19957	AMT	\$798,659.39
Totals for TP :	1122	RA:	145	# Claims	1691	AMT	\$53,555.75
Totals for TP :	1135	RA:	1	# Claims	7	AMT	\$98.64
Totals for TP :	1145	RA:	20	# Claims	236	AMT	\$195.40
Totals for TP :	1148	RA:	77	# Claims	10163	AMT	\$389,995.18
Totals for TP :	1152	RA:	13	# Claims	1359	AMT	\$15,300.88
Totals for TP :	1167	RA:	1	# Claims	70	AMT	\$603,029.22
Totals for TP :	1168	RA:	1	# Claims	4	AMT	\$50,752.00
Totals for TP :	1169	RA:	1	# Claims	3	AMT	\$0.00
Totals for TP :	1170	RA:	2	# Claims	19	AMT	\$23,164.28
Totals for TP :	1171	RA:	2	# Claims	175	AMT	\$1,145,961.18
Totals for TP :	1172	RA:	1	# Claims	3	AMT	\$0.00
Totals for TP :	1173	RA:	1	# Claims	4	AMT	\$6,914.00

.....

.....

Totals for JOB :	658701	RA:	3517	# Claims	194141	AMT	\$18,328,126.14
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FIELD DEFINITIONS		VaMMIS Business Log--835 (Summary) Remit (ED-O-010)		
Field No.	Field Name	Data Element Name	MMIS DE No.	Source/ Calculations
1	TOTALS FOR TP		Calculated	TP - service center ID; # Claims - Number of claims processed by VaMMIS for the service center for this payment cycle; AMT - Payment Amount on the Remittance Advice, accumulated from the individual claims processed for service center
2	TOTALS FOR JOB		Calculated	JOB - job number ID; RA-number of Remittance Advices generated for the job; # Claims - Number of claims processed by VaMMIS for the job; AMT-Total Payment Amount on the Remittance Advices for the job.

DESCRIPTION**VaMMIS 835 Non-Compliant Transactions Report (ED-O-011)**

The VaMMIS Non-Compliant Transactions Report is created when the outbound 835 transactions fail to meet HIPAA compliance when processed through the compliance checker software. This report is generated weekly after 835 processing. It is used for system cleanup.

FREQUENCY	N/A
VOLUME	N/A
OUTPUT FORM	N/A
RETENTION	N/A
DISTRIBUTION	N/A
PROGRAMS	N/A
CONFIDENTIAL	No
SEQUENCE	N/A
CONTROL BREAKS	N/A

SAMPLE

VaMMIS 835 Non-Compliant Transactions Report (ED-O-011)

VaMMIS - 835 Non-Compliant RAs

<i>RUNID</i>	<i>Receiver</i>	<i>TRN</i>	<i>Provider</i>	<i>Advice</i>	<i>Date</i>	<i>Remit Amt</i>
348416	1101	835	006704948	004226018	11/19/04	\$182.69

<i>RA Count:</i>	1	<i>Total Amt:</i>	\$182.69
-------------------------	----------	--------------------------	-----------------

348416	1101	835	006711154	004226123	11/19/04	\$304.48
--------	------	-----	-----------	-----------	----------	----------

<i>RA Count:</i>	1	<i>Total Amt:</i>	\$304.48
-------------------------	----------	--------------------------	-----------------

348416	1101	835	006711685	004226134	11/19/04	\$299.64
--------	------	-----	-----------	-----------	----------	----------

<i>RA Count:</i>	1	<i>Total Amt:</i>	\$299.64
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348416	1101	835	006711979	004226141	11/19/04	\$68.58
--------	------	-----	-----------	-----------	----------	---------

<i>RA Count:</i>	1	<i>Total Amt:</i>	\$68.58
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348416	1101	835	006721885	004226358	11/19/04	\$152.67
--------	------	-----	-----------	-----------	----------	----------

<i>RA Count:</i>	1	<i>Total Amt:</i>	\$152.67
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.....

.....

<i>Subtotals for Receiver 1101</i>	<i>RA Count:</i>	13	<i>Total Amt:</i>	\$4,874.19
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<i>Subtotals for RUNID 348416</i>	<i>RA Count:</i>	336	<i>Total Amt:</i>	\$8,699,457.74
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FIELD DEFINITIONS**VaMMIS 835 Non-Compliant Transactions Report (ED-O-011)**

Field No.	Field Name	Data Element Name	MMIS DE No.	Source/ Calculations
1	RUNID		Calculated	Run Identification number assigned by the Gateway processing.
2	RECEIVER		Calculated	Service Center ID assigned by Virginia Medicaid name of the service center.
3	TRN		Calculated	Type of transaction created -835 Remittance Advice.
4	PROVIDER		Calculated	Provider ID
5	ADVICE		Calculated	Remittance Advice Number.
6	DATE		Calculated	Date of Remittance Advice
7	REMIT AMT		Calculated	Payment Amount on the Remittance Advice, accumulated from the individual claims processed for the provider
8	RA COUNT		Calculated	Number of Remittance Advices for a provider within a service center not meeting HIPAA compliance
9	TOTAL AMT		Calculated	Total Amount of Remittance Advice for a provider within a service center
10	SUBTOTALS FOR RECEIVER		Calculated	ID- service center ID; RA Count - Number of Remittance Advices for the service center not meeting

FIELD DEFINITIONS		VaMMIS 835 Non-Compliant Transactions Report (ED-O-011)		
Field No.	Field Name	Data Element Name	MMIS DE No.	Source/ Calculations
11	SUBTOTALS FOR RUNID		Calculated	compliance; Total Amt- Total payment amount on the Remittance Advice, accumulated from the individual claims processed for the service center RUNID - Run Identification number assigned by the Gateway processing; RA - number of Remittance Advices generated for the RUNID; Total Amt - Payment Amount on the Remittance Advice, accumulated from the individual claims processed for RUNID.

DESCRIPTION**VaMMIS Business Log for the 270 (ED-O-012)**

The VaMMIS Business Log for the 270 Report is a log of the Inbound 270 Eligibility Inquiry transactions. It reports the detail 270 transaction information by trading partner. The reports are now further sorted by provider ID.

FREQUENCY	N/A
VOLUME	N/A
OUTPUT FORM	N/A
RETENTION	N/A
DISTRIBUTION	N/A
PROGRAMS	EDD100
CONFIDENTIAL	No
SEQUENCE	N/A
CONTROL BREAKS	N/A

Supp.8 Physical Database/Files

This section includes tables and files maintained by the EDI Subsystem. The table section includes descriptions and field definitions for the tables maintained by this subsystem. The file section includes descriptions, copybooks, and field definitions for file types such as Virtual Storage Access Method (VSAM) and sequential flat files.

This section is organized as follows:

<u>Section</u>	<u>Title</u>
Supp.8.1	Files by File Number
Supp.8.2	Tables by Table Number
Supp.8.3	File Descriptions
Supp.8.4	DB2 Table Descriptions

Supp.8.1 Files by File Number

The following is an index of MMIS files in ascending alphanumeric order by file number. The details of individual files are in Section Supp.8.3.

File No.	File Name
ED-F-270	Crosswalk 4010A1-I-270
ED-F-271	Crosswalk 4010A1-O-271
ED-F-271U	Crosswalk 4010A1-O-271U
ED-F-276	Crosswalk 4010A1-I-276
ED-F-277	Crosswalk 4010A1-O-277
ED-F-277U	Crosswalk 4010A1-O-277U
ED-F-820	Crosswalk 4010A1-O-820
ED-F-834	Crosswalk 4010A1-O-834
ED-F-835	Crosswalk 4010A1-O-835
ED-F-837D	Crosswalk 4010A1-I-837D
ED-F-837I	Crosswalk 4010A1-I-837I
ED-F-837P	Crosswalk 4010A1-I-837P
ED-F-NCPDP	Crosswalk NCPDP Batch 1.1 Telecommunication 5.1

Supp.8.2 Tables by Table Number

The following is an index of MMIS DB2 tables in ascending alphanumeric order by table number. The details of individual tables are in Section Supp.8.4. Any table with _R at the end of the Table Number is used as a code reference table.

Table No.	Table Name
There are no tables.	

Supp.8.3 File Descriptions

Details of each MMIS file presented in this section include a description, field definitions, and a file layout. The files appear in alphanumeric order by file number.

DESCRIPTION**Crosswalk 4010A1-I-270 (ED-F-270)**

The EDI 270/271 Batch transaction set is to electronically request (270) enrollee eligibility information, and to respond (271) to the request.

The standard data requirements and content for all users of 270/271 HIPAA transaction sets are defined in the ASC X12N 270/271 (004010X092A1) Health Care Eligibility Benefit Inquiry and Response Implementation Guide (IG) and Addenda (A1).

The standard data requirements and content for all users of 270/271 HIPAA transaction sets are defined in the ASC X12N 270/271 (004010X092A1) Health Care Eligibility Benefit Inquiry and Response Implementation Guide (IG) and Addenda (A1).

COPYBOOK

N/A

DESCRIPTION**Crosswalk 4010A1-O-271 (ED-F-271)**

The EDI 270/271 Batch transaction set is to electronically request (270) enrollee eligibility information, and to respond (271) to the request.

The standard data requirements and content for all users of 270/271 HIPAA transaction sets are defined in the ASC X12N 270/271 (004010X092A1) Health Care Eligibility Benefit Inquiry and Response Implementation Guide (IG) and Addenda (A1).

1) On a daily basis, eligibility inquiries (in RSF700 format) that have been uploaded to the mainframe are processed in VaMMIS. The mainframe process creates eligibility benefit responses in the RS-F-701 format. They are then downloaded to the EDI server.

2) Translation map O2714010.MAP reads the downloaded responses from VaMMIS and converts them into 271 eligibility response transactions. The following crosswalk depicts the conversion specifications for the translation map O2714010.MAP:

COPYBOOK

N/A

DESCRIPTION**Crosswalk 4010A1-O-271U (ED-F-271U)**

The EDI 271 Unsolicited transaction is a monthly roster file containing a list of all enrollees eligible for transportation services under Virginia Medicaid. This is not a HIPAA mandated transaction but the standard data requirements and content for all users of 271U HIPAA Transaction is defined in the ASC X12N 270/271 (004010X092A1) Health Care Eligibility Benefit Inquiry and Response Implementation Guide (IG) and Addenda (A1).

1) Compliance map HIPAA_271U_4010_50.MAP reads the outbound 271 U eligibility response transactions and checks them for HIPAA X12N compliance. It updates the EDI Transaction Log database and passes compliant transactions to the translation map O271U4010.MAP.

2) Translation map O271U4010.MAP reads the 271 U eligibility responses from VaMMIS and converts them into 277 status response transactions. The following crosswalk depicts the conversion specifications for the translation map O271U4010.MAP

COPYBOOK

N/A

DESCRIPTION**Crosswalk 4010A1-I-276 (ED-F-276)**

The EDI Claims Status Request File contains requests from providers for information on the status of claims that have been submitted to the VaMMIS system for adjudication. The standard data requirements and content for all users of 276/277 HIPAA transaction sets are defined in the ASC X12N 276/277 (004010X093A1) Health Care Claim Status Request and Response Implementation Guide (IG) and Addenda (A1).

1) Compliance map HIPAA_276_4010_50.MAP reads the inbound 276 status request transactions and checks them for HIPAA X12N compliance. It updates the EDI Transaction Log database and passes compliant transactions to the translation map I2764010.MAP.

2) Translation map I2764010.MAP converts the compliant 276 status request transactions into status requests in a mainframe format file (VMCLSTRR - CP-F-320) which is uploaded to the mainframe. The following crosswalk depicts the conversion specifications for the translation map I2764010.MAP:

COPYBOOK

N/A

DESCRIPTION**Crosswalk 4010A1-O-277 (ED-F-277)**

The EDI Claims Status Response File contains responses to requests from providers for information on the status of claims that have been submitted to the VaMMIS system for adjudication. The standard data requirements and content for all users of 276/277 HIPAA transaction sets are defined in the ASC X12N 276/277 (004010X093A1) Health Care Claim Status Request and Response Implementation Guide (IG) and Addenda (A1). 1) Compliance map C277U4010.MAP reads the outbound 277 Claim Status Response transactions. The map updates the EDI Transaction Log database and passes the transactions to the translation map O2774010.MAP. 2) Translation map O2774010.MAP reads the claims status responses from VaMMIS and converts them into 277 Claim Status Response transactions. The following crosswalk depicts the conversion specifications for the translation map O2774010.MAP

COPYBOOK

N/A

DESCRIPTION**Crosswalk 4010A1-O-277U (ED-F-277U)**

The Unsolicited 277U transaction supplements an 835 transmission for a given provider in order to supply information about pended claims. This is not a HIPAA mandated transaction but the data requirements and content for the VaMMIS 277U Transaction is defined in the ASC X12N 276/277 (004010X093A1) Health Care Claim Status Request and Response Implementation Guide (IG) and Addenda (A1). 1) Compliance map C277U4010.MAP reads the outbound 277U Claim Status Response transactions. The map updates the EDI Transaction Log database and passes the transactions to the translation map O2774010.MAP. 2) Translation map O2774010.MAP reads the claims status responses from VaMMIS and converts them into 277U Claim Status Response transactions. The following crosswalk depicts the conversion specifications for the translation map O2774010.MAP:

COPYBOOK

N/A

DESCRIPTION**Crosswalk 4010A1-O-820 (ED-F-820)**

The 820 transaction is used to provide Managed Care Organizations (MCO) capitation payment information.

The standard data requirements and content for all users of the 820 HIPAA transaction set are defined in the ASC X12N 820 (004010X061A1) Payroll Deducted and Other Group Premium Payment for Insurance Products Implementation Guide (IG) and Addenda (A1).

1) Translation map O8204010.MAP reads the downloaded flat file from VaMMIS and converts them into 820 premium payment transactions. The following crosswalk depicts the conversion specifications for the translation map O8204010.MAP:

2) Compliance map HIPAA_820_4010_50.MAP reads the outbound 820 premium payment transactions and checks them for HIPAA X12N compliance. It updates the EDI Transaction Log database. Compliant 820 transactions are moved to the appropriate service centers' mailboxes.

COPYBOOK

N/A

DESCRIPTION**Crosswalk 4010A1-O-834 (ED-F-834)**

The 834 transaction is used to provide enrollee rosters to MCOs.

The standard data requirements and content for all users of the 834 HIPAA transaction set are defined in the ASC X12N 834 (004010X095A1) Benefit Enrollment and Maintenance Implementation Guide (IG) and Addenda (A1).

1) Translation map O8344010.MAP reads the downloaded flat file from VaMMIS and converts them into 834 enrollment roster transactions. The following crosswalk depicts the conversion specifications for the translation map O8344010.MAP:

2) Compliance map HIPAA_834_4010_50.MAP reads the outbound 834 premium payment transactions and checks them for HIPAA X12N compliance. It updates the EDI Transaction Log database. Compliant 834 transactions are moved to the appropriate service centers' mailboxes.

COPYBOOK

N/A

DESCRIPTION**Crosswalk 4010A1-O-835 (ED-F-835)**

The 835 transaction is used to provide remittance advice information to the providers in electronic format.

The standard data requirements and content for all users of the 835 HIPAA transaction set are defined in the ASC X12N 835 (004010X091A1) Health Care Claim Payment/Advice Implementation Guide (IG) and Addenda (A1).

1) Translation map O835FILES.MAP reads the downloaded flat file from VaMMIS and creates intermediate files with totaling required by the X12 transaction. After intermediate files are created, the translation map O835RMIT4010V1.map converts them into 835 claim payment transactions. The following crosswalk depicts the conversion specifications for the translation maps O8354010.MAP and O835RMIT4010V1.map:

2) Compliance map HIPAA_835_4010_50.MAP reads the outbound 835 premium payment transactions and checks them for HIPAA X12N compliance. It updates the EDI Transaction Log database. All 835 transactions are moved to the appropriate service centers' mailboxes.

COPYBOOK

N/A

DESCRIPTION**Crosswalk 4010A1-I-837D (ED-F-837D)**

The Health Care Claim Transaction Set (837) is used to submit health care claim billing and/or medical encounter information from providers of health care services to Virginia Medicaid.

The standard data requirements and content for all users of the 837 Dental HIPAA transaction set are defined in the ASC X12N 837 (004010X097A1) Health Care Claim: Professional Implementation Guide (IG) and Addenda (A1).

1) Compliance map HIPAA_837D_4010_50.MAP reads the inbound 837 Dental transactions and checks them for HIPAA X12N compliance. It updates the EDI Transaction Log database and passes compliant transactions to the translation map I837DNTL4010V1.MAP.

2) Translation map I837DNTL4010V1.MAP converts the compliant 837 Dental transactions into claims in a mainframe format file (VMCPACTV- CP-F-006), known as the AWR file, which is uploaded to the mainframe. The following crosswalk depicts the mapping specifications for the translation map I837DNTL4010V1.MAP:

COPYBOOK

N/A

DESCRIPTION**Crosswalk 4010A1-I-837I (ED-F-837I)**

The Health Care Claim Transaction Set (837) is used to submit health care claim billing and/or medical encounter information from providers of health care services to Virginia Medicaid.

The standard data requirements and content for all users of the 837 Institutional HIPAA transaction set are defined in the ASC X12N 837 (004010X096A1) Health Care Claim: Institutional Implementation Guide (IG) and Addenda (A1).

1) Compliance map HIPAA_837I_4010_50.MAP reads the inbound 837 Institutional transactions and checks them for HIPAA X12N compliance. It updates the EDI Transaction Log database and passes compliant transactions to the translation map I837UB924010V1.MAP.

2) Translation map I837UB924010V1.MAP converts the compliant 837 Institutional transactions into claims/encounters in a mainframe format file (VMCPACTV- CP-F-006), known as the AWR file, which is uploaded to the mainframe. The following Crosswalk depicts the mapping specifications for the translation map I837UB924010V1.MAP:

COPYBOOK

N/A

DESCRIPTION**Crosswalk 4010A1-I-837P (ED-F-837P)**

The Health Care Claim Transaction Set (837) is used to submit health care claim billing and/or medical encounter information from providers of health care services to Virginia Medicaid.

The standard data requirements and content for all users of the 837 Professional HIPAA transaction set are defined in the ASC X12N 837 (004010X098A1) Health Care Claim: Professional Implementation Guide (IG) and Addenda (A1).

1) Compliance map HIPAA_837P_4010_50.MAP reads the inbound 837 Professional transactions and checks them for HIPAA X12N compliance. It updates the EDI Transaction Log database and passes compliant transactions to the translation map I837HCFA4010V1.MAP.

2) Translation map I837HCFA4010V1.MAP converts the compliant 837 Professional transactions into claims/encounters in a mainframe format file (VMCPACTV- CP-F-006), known as the AWR file, which is uploaded to the mainframe. The following crosswalk depicts the mapping specifications for the translation map I837HCFA4010V1.MAP:

COPYBOOK

N/A

DESCRIPTION**Crosswalk NCPDP Batch 1.1 Telecommunication 5.1
(ED-F-NCPDP)**

The batch NCPDP transaction is used by providers through authorized service centers to submit payment request for pharmacy prescription services and track encounter and other information related to the patient and provider. The standard data requirements and content for all users of NCPDP Pharmacy transaction is defined in the NCPDP Telecommunication Standard Version 5, Release 1, HIPAA Implementation Guide (IG). The above-mentioned data is transmitted within envelope records described in the NCPDP Batch Standard Version 1, Release 1. Compliance map INCP11RSP.map reads and edits the inbound NCPDP Pharmacy transmission. If errors are found at this level, the entire file is rejected and an NCPDP Response transmission is returned with this information. If a file passes this high-level compliance check, it is forwarded to the next step, which is to translate the pharmacy transactions (IB1NCP1151.MAP) to VaMMIS format (VMCPACTV). Within this process, individual transactions (claims) are "captured" or "rejected" and an NCPDP Response transmission is returned, giving detailed information of each transaction. Only "captured" claims are cross-walked into the flat-file format to be uploaded to the mainframe for VaMMIS adjudication. The following crosswalk depicts the conversion specifications for the translation map IB1NCP1151.MAP:

COPYBOOK

N/A